

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Provision of Assertive Community Treatment (ACT) to Adult Consumers		
<b>POLICY NUMBER</b> DMH POLICY 340.6	<b>DATE</b> NOV 07 2007	<b>TL#</b> 91

**Purpose.** To set forth the policy on providing Assertive Community Treatment (ACT) services to adult consumers.

**Applicability.** Applies to DMH mental health providers who serve adults, ACT Providers, and the Mental Health Authority.

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate MHA offices.

**Implementation Plans.** A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the DMH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

\*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 671-4074.

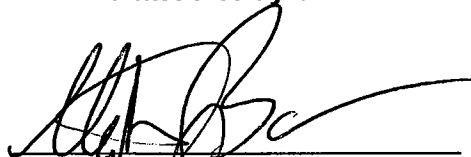
**ACTION**


**REMOVE AND DESTROY**

None

**INSERT**

DMH Policy 340.6

  
\_\_\_\_\_  
Stephen T. Baron  
Director, DMH

<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p><b>DEPARTMENT OF MENTAL HEALTH</b></p>	<p><b>Policy No.</b> 340.6</p>	<p><b>Date</b> NOV 07 2007</p>	<p><b>Page 1</b></p>
<p><b><u>Supersedes:</u></b> None</p>			
<p><b>Subject: Provision of Assertive Community Treatment (ACT) to Adult Consumers</b></p>			

1. **Purpose.** To set forth the policy on providing Assertive Community Treatment (ACT) services to adult consumers.

2. **Applicability.** Applies to DMH mental health providers who serve adults, ACT Providers, and the Mental Health Authority.

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001.

4. **Definitions.** For purposes of this policy:

4a. **Assertive Community Treatment (ACT).** An evidence based practice model that provides a proactive, consumer driven, intensive, integrated rehabilitative, crisis, treatment, and mental health rehabilitative community support service to adult consumers with serious and persistent mental illness. Services are provided by an interdisciplinary team, with dedicated staff time and specific staff to consumer ratios in order to assist consumers to meet their goals in the community and assist with integration into the community. ACT services are further described in the Mental Health Rehabilitation Services (MHRS) Provider Certification Standards.

4b. **ACT Providers.** Agencies certified by DMH to provide ACT services, consistent with the MHRS Standards and the Department of Mental Health Establishment Amendment Act of 2001, and the Mental Health Consumers' Rights Protection Act.

4c. **ACT Team.** The mobile inter-disciplinary team of qualified practitioners and other staff involved in providing ACT services to a consumer.

4d. **IRP.** Individualized Recovery Plan, as defined by the MHRS Standards.

4e. **ISSP.** Individualized Service Specific Plan, as defined by the MHRS Standards.

4f. **LOCUS.** "Level of Care Utilization System" for psychiatric and addiction services, adult version.

5. **Policy.**

5a. DMH shall utilize ACT services to support adult consumers with serious and persistent mental illness who meet the ACT eligibility criteria.

5b. Prior authorization from DMH is required for enrollment in ACT and re-authorization is required for continued treatment (also see Section 7 below).

5c. DMH shall respect consumer choice in the delivery of ACT services, and develop interventions that are tailored to the needs and preferences of the adult consumer, with the goal of maximizing independence and supporting recovery. Act services shall be primarily provided at the consumer's residence or other community settings.

## 6. Responsibilities.

6a. A qualified practitioner may refer consumers who meet the eligibility criteria for ACT services and have been identified as in need of this level of care (consumers may be identified by a variety of sources including subproviders, specialty providers, CPEP, DC Jail, or Saint Elizabeths Hospital).

6b. The DMH ACT Coordinator/designee shall provide authorization for ACT services, assign the consumer to an ACT Team, and monitor compliance to ensure that all ACT Providers abide by this policy. The ACT Coordinator will ensure that ACT services provided by DMH are in compliance with nationally accepted standards.

6c. Core services agencies (CSAs) shall work collaboratively with the consumer and the ACT Team to ensure continuity of care upon admission, reactivation, and discharge from ACT services.

6d. All "ACT Providers" shall:

(1) **Implement** the required activities in the DMH Service Authorization Manual and the MHRS Certification Standards including all MHRS Bulletins and any updates that may be issued by DMH relating to the provision of ACT services.

(2) **Accept and engage** all consumers authorized by DMH for ACT services within forty-eight (48) hours of assignment to an ACT Team.

(3) **Hold** team meetings a minimum of three (3) times per week to review and discuss consumer progress, the previous day's activities, assignment of new activities and other ongoing concerns.

(4) **Screen** for co-occurring disorders and initiate an integrated assessment and treatment intervention as indicated.

(5) **Directly** provide crisis care services (crisis intervention, stabilization and prevention) on a twenty-four (24) hour a day, seven (7) day a week basis, when clinically necessary.

(6) **Ensure** continuity of services for persons entering or leaving ACT as specified in Section 8 of this policy.

(7) **Attend** monthly DMH ACT Provider meetings.

(8) **Submit** monthly and other programmatic reports as deemed necessary by DMH.

(9) **Engage** with the consumer to identify suitable and meaningful daily activities and facilitate the consumer's participation in those activities.

## 7. Authorization for ACT Services.

The DMH ACT Coordinator shall approve initial, reactivation, and discharge requests, as appropriate. All requests for, and changes of ACT services **MUST** be submitted through the Provider Connect event screens. Any questions regarding ACT should be directed to the DMH ACT Coordinator. The DMH ACT Coordinator has the authority to address issues and resolve problems with the authorization and provision of ACT services.

In cases where a former ACT consumer has not received ACT services for more than ninety (90) days, the CSA **must** contact the DMH ACT Coordinator/designee prior to completing any electronic submission in Provider Connect for reactivation of ACT services.

**8. Continuity of Care for ACT Consumers.****8a. Upon Initial Acceptance into ACT Services.**

(1) There will be a thirty (30) day transition period allowing for a "shared" caseload between the consumer's CSA and the ACT Team, where the CSA community support team will continue to provide some support services while the ACT Team is beginning to engage the consumer. This may be renewed on a case by case basis based on medical necessity and clinical presentation.

(2) The services to be provided during this thirty (30) day transition period shall be documented in the consumer's IRP and ISSP, which will be coordinated by the CSA and jointly developed by the consumer, the CSA community support team, and the ACT Team. Outcomes to be achieved by participating in ACT must be clearly identified in the goals and interventions on the IRP and supported in an ISSP.

- The CSA and ACT Team shall jointly meet with the consumer face to face three (3) times a week during the transition period. The number of contacts may be adjusted on a case by case basis. Some consumers may require more contact, and negotiation may be made to reduce contacts if transition is going smoothly.

(3) If not previously contacted by the ACT Team or CSA, the DMH ACT Coordinator/designee will follow-up on the consumer's status/disposition on or before the 30<sup>th</sup> day of enrollment in ACT.

**8b. Upon Discharge from ACT Services.**

(1) For all consumers being referred from ACT services to a designated CSA, there will be a ninety (90) day transition period allowing for a "shared" caseload (this may be renewed on a case by case basis based on medical necessity and clinical presentation). During the transition period, the ACT Team will continue to provide some services and supports while the CSA community support team is engaging the consumer.

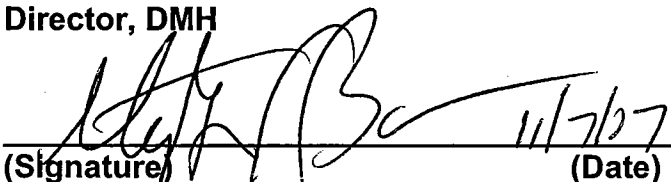
(2) The services to be provided during this ninety (90) day transition period shall be documented in the consumer's IRP and ISSP and jointly developed by the consumer, the CSA, and the ACT Team.

**9. Sanction for Non-Compliance.** Non-compliance with the requirements of this policy shall result in serious and appropriate action in accordance with DMH policies and rules. See Title 22A DCMR Chapter 34, Mental Health Rehabilitation Services Provider Certification Standards.

**10. Inquiries.** Questions related to this policy should be addressed to the DMH ACT Coordinator.

**Approved By:**

**Stephen T. Baron**  
**Director, DMH**

  
(Signature) 11/7/07  
(Date)